

APPLICANT RELEASE SECTION
ONLY THIS FORM WILL BE ACCEPTED TO PROCESS YOUR CLEARANCE
 ★ ★ ★ ★ ★ ★ ★ ★

Print in black ink or type

| | | | | | |
|-------------------------------|--|----------------------------------|---------------------------------|----------------------|--|
| _____ Last Name | | _____ First Name | | _____ Middle Name | _____ Maiden Name and all Previous Married Names, Alias |
| _____ Date of Birth | | _____ Gender (male or female) | _____ Social Security Number | | _____ Driver's License Number and State |
| _____ Current Home Address | | _____ City | _____ State | _____ Zip Code | (_____) _____ Area Code Home phone number |

If you have not resided in Utah for the past five (5) years, list addresses where you lived and for how long: (Attach additional sheet if necessary)

| ADDRESS | CITY AND STATE | FROM (Month/Year) | TO (Month/Year) |
|--------------------------|----------------|-------------------|-----------------|
| Prior to Current Address | | | |
| Prior to Above Address | | | |
| Prior to Above Address | | | |
| Prior to Above Address | | | |
| Prior to Above Address | | | |

ANSWER ALL OF THE FOLLOWING QUESTIONS

Have you resided in Utah continuously for the last five (5) years? If "no" a completed fingerprint card and business check or money order for \$24.00 for FBI NCIC clearance must accompany this application.

Circle One Yes or No

Do you have any felony convictions on your record? (Any felony conviction shall result in non-clearance for a license or Residential certificate or to reside in a home where child care is being provided)

Circle One Yes or No

Have you ever been convicted of a misdemeanor? If "yes" documentation must be attached explaining circumstances, age of conviction(s), type of conviction(s), documentation of completion of court requirements, letters of reference, valid documentation of counseling, rehabilitation, etc. (Examples: Domestic violence, simple assault, lewdness, sex solicitation, prostitution, DUI's, theft, shoplifting, dangerous drugs, any sex offenses).

Circle One Yes or No

Are you currently awaiting trial on any felony or misdemeanor charges? Attach written explanation of the charges.

Circle One Yes or No

Have you ever been investigated for abuse or neglect of a child by the Utah Department of Human Services, Division of Child and Family Services (Child Protective Service) that resulted in being supported? If "yes", explain on a separate sheet of paper, when, why, and what for.

Circle One Yes or No

I accept responsibility for having read all information on this form. I hereby authorize the Utah Department of Health to process this criminal history check pertinent to my application according to Utah Code 26-39-107. I authorize investigation of all statements contained herein and understand that misrepresentation or omission of facts called for may result in denial of the application. The release of any and all information is authorized whether the same is of record or not. I do hereby release all persons, firms, agencies, companies, groups, or institutions, whomsoever, from any damages of, or resulting from, furnishing such information to the Department of Health. I SWEAR THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

| | |
|--------------------|---------------|
| _____ SIGNATURE | _____ DATE |
|--------------------|---------------|

★ ★ ★ ★ FOR DEPARTMENT OF HEALTH USE ONLY ★ ★ ★ ★

| | | | |
|----------------------|---------------------|---------------------|---------------------|
| DATE RECEIVED | FBI APPROVAL | CBS APPROVAL | MIS APPROVAL |
| | | | |

CBS/MIS CONSENT AND RELEASE OF LIABILITY FOR CHILD CARE (2.2 A7, 7-06)

INSTRUCTIONS: Please read both sides of this form, PRINT or TYPE, legibly, IN INK, completing the entire form, including signatures.

Processing will not be completed if all required information and signatures are not provided.

| | | | | |
|--|--|---|---|---|
| ★ ★ ★ ★ ★ EMPLOYER SECTION ★ ★ ★ ★ ★ | | | | |
| _____ NAME OF PROVIDER / CHILD CARE FACILITY (If different than provider name) | | | (_____) _____ AREA CODE AND BUSINESS TELEPHONE NUMBER | |
| _____ BUSINESS ADDRESS | | | _____ CITY, STATE, ZIP CODE | |
| _____ MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS) | | | _____ CITY, STATE, ZIP CODE | |
| _____ NAME OF REPRESENTATIVE (PLEASE PRINT) * | _____ SIGNATURE OF REPRESENTATIVE | _____ DATE | | |
| <i>* The Representative may be the Director/Designee/Provider/Owner of a child care program.</i> | | | | |
| PROGRAM: (CHECK ALL THAT APPLY) | | | | |
| <input type="checkbox"/> CENTER (FULL DAY) | <input type="checkbox"/> FAMILY GROUP | <input type="checkbox"/> FAMILY PROVIDER | <input type="checkbox"/> RESIDENTIAL CERTIFICATE | <input type="checkbox"/> HOURLY CARE |

PURPOSE:

The purpose of the criminal history check as part of the Department of Health (DOH), Bureau of Child Care Licensing process is to determine whether an individual has been convicted of any crime or has a supported finding of child abuse or neglect to aid in protecting the health and safety of children in alternative care.

INSTRUCTIONS:

The Child Care Representative* is responsible for submitting the completed CBS/MIS Consent and Release of Liability form to the Bureau of Child Care Licensing. The **Child Care Representative** must complete and sign the "**Employer Section**" of this form (this side). The **applicant** must complete and sign the "**Applicant Release Section**" on the reverse side. Incomplete applications cannot be processed and will be returned.

If the applicant has not resided in Utah continuously for five (5) years, fingerprints and a business check or money order in the amount of \$24.00 per applicant must be submitted along with this form to process the FBI NCIC check.

Send the completed form to:

**Utah Department of Health
Bureau of Child Care Licensing, Northern Region
915 North 400 West, Suite 201
Layton, UT 84041**

If you have any questions or concerns regarding the criminal background screening procedure, please contact the Bureau at: (801) 538-6152 or toll free at: 1-888-287-3704. All other questions should be directed to your employers' Human Resource Manager.

CONFIDENTIALITY

The information acquired will be kept confidential by the Bureau of Child Care Licensing, and no confidential details of the report will be released or disclosed over the phone. The Bureau will notify the applicant and child care provider if they do not qualify for clearance based on criteria established in R430-6.

DENIAL

The Bureau of Child Care Licensing will deny clearance for **any felony convictions** and certain misdemeanor convictions that fall under Utah Criminal Code as offenses against the family, offenses against the person, pornography, prostitution or any type of sexual offense, i.e., simple assault, domestic violence, lewdness, prostitution, child abuse, etc., and may deny clearance on a pattern of convictions regardless of type (in excess of three(3)). If there is an error on an applicants' record or if the applicant is eligible to have their record expunged, it is the applicants' responsibility to resolve the matter by contacting: The Utah Department of Public Safety, Bureau of Criminal Identification. When the matter is resolved, the applicant must provide legal documentation of the expungement, dismissal, etc. to be considered once again for clearance. **Pursuant to R430-6-6(6) all child care providers must report all felony and misdemeanor arrests, charges or convictions of covered individuals to the Department within 48 hours. Pursuant to R430-6-7(5) if the DHS determines a covered individual has a supported finding of abuse, neglect or exploitation after the Department issues a license, certificate or grants employment; the licensee and covered individual has five working days to notify the Department.**